



**VILLAGE OF HOFFMAN ESTATES**

**HOTEL-MOTEL OCCUPANCY TAX RETURN**

For the Month Ending: \_\_\_\_\_

Statement of Tax Receipts under the Provision of Ordinance No. 4478-2015 of the Municipal Code of the Village of Hoffman Estates.

Name of Hotel/Motel _____
Address _____ Phone _____
Name of Operator _____

Corporate Owner: (if applicable) _____
Address _____ Phone _____

Managing Agent: (if applicable) _____
Address _____ Phone _____

<b>COMPUTATION OF TAX:</b>	
1. Gross Room Rental Receipts	\$ _____
2. Gross Tax - 6% of Line 1	\$ _____
3. Plus Late Penalty (if applicable) - 5% of Line 2	\$ _____
4. Plus Late Filing Penalty (if applicable) - 5% of Line 2	\$ _____
5. Net Tax To Be Remitted	\$ _____
<p>Remittances required monthly. Taxes must be paid on or before the last day of the month immediately following the month for which the return is being filed. Please also submit a copy of the Illinois Department of Revenue Form RHM-1 with your remittance. Make check payable to: <b>VILLAGE OF HOFFMAN ESTATES</b>. All figures are subject to audit.</p>	

I hereby affirm that the statements herein contained are taken from the books and records of the above listed establishment and are true and correct to the best of my knowledge.

Return Original with Remittance to:  
Village of Hoffman Estates  
Attn: Hotel Tax  
1900 Hassell Road  
Hoffman Estates, IL 60169

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Name

If you have questions or would like this form e-mailed to you, please call 847-843-4812.

\_\_\_\_\_ Title